



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 5213.1C

Code 0100

7 April 1995

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 5213.1C

From: Commanding Officer

Subj: MANAGEMENT OF FORMS CONTROL, REPRODUCTION AND PRINTING

Ref: (a) OPNAVINST 5215.12
(b) SECNAVINST 5213.10D
(c) CCO 5600.1A
(d) OPNAVINST 5420.27J

Encl: (1) Forms Review Guidelines
(2) Request to establish a new or revised local form/
overprint, NH29PALMS Form 5213/01 (Rev 1/95)
(3) Naval Hospital Twentynine Palms Forms Register,
NAVHOSP29PALMS Form 5213/02 (Rev 3/94)
(4) Naval Hospital Twentynine Palms Standard Forms
Order Form, NH29P10460/2A (Rev 1/90)

1. Purpose. To outline procedures for forms control, reproduction, printing and to publish composition of the Forms Control Committee.

2. Cancellation. NAVHOSP29PALMSINST 5213.1B.

3. Background

a. Per references (a) through (c), the Forms Management Program ensures the effective and efficient use of forms.

b. The Forms Control Committee (FCC) ensures that appropriate forms are developed to facilitate command operations. This committee is established per reference (d).

4. Composition. The FCC shall be comprised of a Forms Control Officer (FCO), who shall act as Chairperson, and the following personnel:

a. Medical Services Directorate Representative.

b. Administrative Services Directorate Representative.

c. Nursing Services Directorate Representative.

- d. Military Sickcall representative.
- e. Medical records Administrator.

5. Policy

a. Specific types of data are needed to meet particular requirements, and forms are a major means for providing a fast and easy method of collecting information.

b. In accordance with reference (a), forms shall not be created unless publication exists which defines the purpose and use of each form.

c. Higher echelon forms shall be used to the fullest extent. Every effort should be made to avoid the partial or complete duplication of higher echelon forms.

d. Reference (a) outlines form design standards. These standards will be followed in the development of all local forms.

e. Enclosure (1) provides guidelines for developing, reviewing, approving and printing local hospital forms. These guidelines will be used when establishing and printing local forms.

f. No locally prepared form or overprint shall be used until approved by appropriate personnel utilizing enclosure (2).

g. No higher echelon forms or overprints will be reproduced locally on office copiers, unless used for instructional purposes to reduce redundant information, section names or health records information. Naval Hospital forms will be copies locally only when copying less than 15 copies per original page. If copying 15 or more copies, Defense Printing Service (DPS) will be utilized per reference (c).

h. The use of overprints must adhere to the following guidelines:

(1) The form design shall not be altered (lines opaqued out or horizontal lines creating boxes added).

(2) Overprinting on local hospital forms is not acceptable. These must be revised with newly assigned numbers.

(3) The General Services Administration (GSA) prohibits overprinting by quick copying, printing, or other reprographic techniques. All overprints must be printed onto the original higher echelon form.

(4) Due to the high cost of overprints, the use of this type of form is discouraged.

i. New forms established as part of a Naval Hospital instruction will be considered approved through the routing process and Commanding Officer's signature.

6. Definitions

a. Form. Any document including letters post cards, and memoranda, printed or otherwise reproduced with space for filing in information, descriptive material, or addresses; or any format designed to structure the arrangement of such information. Certain printed items without fill-in space, such as contract provisions, instruction sheets, notices, tags, labels, and posters, may be treated as forms to identify and control them for reference, printing, stocking and distribution, but do not come within the definitions of forms as used in this instruction.

b. Standard Form. One which is numbered, dated, titled, and designed in accordance with established Navy Forms Management criteria. Such a form may not be altered for local use or a substitute form used in place of it without concurrence of the form sponsor.

c. Overprint. Any higher echelon form on which printed stable information will remain fixed for relatively long periods of time. Overprinting is permissible only when the added information furthers the purpose for which the form was designed and simplifies its processing. Perishable information, such as names and telephone numbers, may not be overprinted.

7. Action

a. Forms Control Officer shall:

(1) Be assigned in writing by the Commanding Officer.

(2) Ensure all forms are reviewed annually to evaluate continuing need, revision, or elimination.

(3) Approve minor form revisions as appropriate.

(4) Ensure adequate stocking and ordering procedures for all forms used at this hospital.

(5) Develop procedures to ensure standardization and consolidation of form requirements using higher echelon forms, when possible.

(6) Publish an annual notice of current local forms.

(7) Route a least semi-annually those forms that are approaching a three year date of issuance.

b. Forms Control Committee shall:

(1) Meet on the last Wednesday of each month. This meeting will be mandatory for those personnel assigned as outlined in paragraph 4 of this instruction.

(2) Review properly submitted requests for forms and overprints. Ensure locally produced forms are of an official nature, meet all legal requirements, and promote the efficient operation of this Command.

(3) Approve or disapprove all form requests.

(4) Review and implement methods to eliminate unnecessary reproduction and printing costs through control, standardization and consolidation.

(5) Establish procedures for an annual review of all forms and to maintain a current forms register of all forms and overprints.

c. Directors and Department Heads shall:

(1) Ensure that only authorized forms/overprints are utilized in their Directorates or Departments and that unauthorized copying of forms is not permitted.

(2) Ensure Requests for a New or Revised Forms and Overprints, enclosure (2), are reviewed and properly submitted to the Forms Control Officer.

(3) Ensure proper stocking and timely ordering of forms.

(4) Establish internal procedures to meet the requirements of this instruction and to maintain a file of all forms in use in their Directorates or Departments. Enclosure (3) can be used for this purpose.

(5) Assist in the annual review of all forms conducted by the Forms Control Committee.

8. Procedures

a. Establishing New or Revised Forms and Overprints:

(1) Submit proposed forms with sufficient time for analysis, clearance, design, printing and stocking action. All submissions received prior to the third Wednesday of the month will be considered by the Forms Control Committee at that month's meeting. Originators will submit the following material to the Forms Control Officer:

(a) A completed and signed NH29PALMS Form 5213/01, Request to Establish a New or Revised Form/Overprint, enclosure (2).

(b) A clean, reproducible copy of the new or revised form/overprint, unless draft work is required from outside sources.

(c) A copy of the proposed directive or other administrative issuance which prescribes the use of the form/overprint and all pertinent background data.

(2) Once a form is acted upon by the Forms Control Committee, enclosure (2) will be returned to the requestor with final action annotated.

(a) If the form is approved, Central Files will submit to DPS for reproduction.

(b) If the form is denied, requestor will need to resubmit with additional supporting information.

b. Deleting Forms and Overprints. Sponsors desiring to cancel an existing form shall submit a written request to the Forms Control Officer, via the Department Head.

c. Requesting Forms:

(1) All forms authorized for stocking in Central Files will be ordered by using enclosure (4). Only forms with a quarterly usage of 250 or more will be maintained in Central Files. Others will be special ordered.

(2) Submission of routine requests for issuing higher echelon forms and locally produced forms from Central Files will be accepted daily and filed weekly. You will be notified when the order is available for pick-up. Emergency requests will be processed immediately.

(3) Issues will be limited to quarterly usage, if storage space is available. Activities will not stockpile excessive amounts due to increased costs, unrealistic usage rates, and unfair distribution of forms.

NAVHOSP29PALMSINST 5213.1C
7 April 1995

9. New or Revised Forms

a. request to Establish a New or Revised Form/Overprint, NH29PALMS Form 5213/01 (Rev 1/95); Forms register, NH29PALMS Form 5213/02 (Rev 03/94) and Naval Hospital Forms Requisition, NH29PALMS Form 10460/2A (Rev 1/90) are being adopted in accordance with this instruction and may be obtained through Central Files.

b. Forms Register, OPNAV 5213/18 (Rev 2/81, may be obtained through Central Files.



C. S. CHITWOOD

Distribution:
List A

FORMS REVIEW GUIDELINES

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Description	Review/Approval	Form# Required	Copy/Print	Copy to Forms Control
Internal Department Use Less than 15 copies	Department Hd.	No	Office	No
Internal Department Use 15 to 50 copies	Department Hd.	No	DPS	Yes *
Internal Department Use More than 50 copies	Department Hd.	Yes	DPS	Yes
Multi-Department Use Special Printing (NCR, Multi-copy) Medical Records Form	Director Department Hd. FCO FCC Medical Records Review Comm.	Yes	DPS	Yes

* Internal department Forms in this category will be reviewed by the Forms Control Officer Semi-Annually.

NOTE: Forms must have a usage of 250 or more per month to be stocked in central Files

ABBREVIATIONS: FCO Forms Control Officer
FCC Forms Control Committee
DPS Defense Printing Service

THIS FORM HAS BEEN ALTERED FOR INSTRUCTIONAL PURPOSES. IT IS NOT TO BE UTILIZED.

Enclosure (1)

7 April 1995

Forms Register

NAVHOSP29PALMS 5213/02
(REV. 3/94)

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Enclosure (3)

NAVHOSP29PALMSINST 5213.1C
7 April 1995

NAVAL HOSPITAL
TWENTYNINE PALMS, CA
STANDARD FORMS ORDER FORM

DEPARTMENT: _____ NAME: _____ DATE: _____

DD 7	HOSPITALIZATION FURNISHED	_____	NJ 5800/15	INJURY REPORT	_____
DD 7A	OUTPAT TREAT FURNISHED	_____	NJ 5890/12	3RD PARTY LIABILITY CASE	_____
DD 173/2	JOINT MESSAGE FORM	_____	NM 4235/2	OPN EQUIP BUDGET	_____
DD 200	REPORT OF SURVEY	_____	NM 6010/1	COLLECTION AGENT LEDGER	_____
DD 282	PRINTING REQUISITION	_____	NM 6010/7	CASH SERVICE LEDGER	_____
DD 398	PERSONNEL SECURITY QUEST.	_____	NM 6010/8	PATIENTS VALUABLES	_____
DD 600	PATIENT LUGGAGE TAG	_____	NM 6010/15	INPATIENT SURVEY	_____
DD 689	INDIVIDUAL SICK SLIP	_____	NM 6100/3	MED BOARD CERTIFICATE	_____
DD 771	EYEWEAR PRESCRIPTION	_____	NM 6120/1	COMPETENCE FOR DUTY EXAM	_____
DD 792	24HR PAT:INTAKE/OUTPUT	_____	NM 6120/2	OFFICERS EXAMINATION	_____
DD 877	REQUEST FOR MED/DEN RECDS	_____	NM 6150/4	ABSTRACT OF SERVICE	_____
DD 1131	CASH COLLECTION VOUCHER	_____	NM 6150/7	HEALTH RECORD RECEIPT	_____
DD 1141	RECRD OF EXP TO RADIATION	_____	NM 6150/8	OUTPATIENT RELEASE RECORD	_____
DD 1149	REC INVOICE SHIP DOC	_____	NM 6150/10	ORANGE TREATMENT RECORD	_____
DD 1155	ORDER FOR SUP. OR SERVICES	_____	NM 6150/11	GREEN TREATMENT RECORD	_____
DD 1191	DANGER OXYGEN DO NOT OIL	_____	NM 6150/12	YELLOW TREATMENT RECORD	_____
DD 1251	UNIFORM MED SERVICE TREAT	_____	NM 6150/13	GREY TREATMENT RECORD	_____
DD 1289	DOD PRESCRIPTION PAD	_____	NM 6150/14	TAN TREATMENT RECORD	_____
DD 1323	CHAIN OF CUSTODY	_____	NM 6150/15	BLUE TREATMENT RECORD	_____
DD 1348	SINGLE LINE ITEM REQ DOC	_____	NM 6150/16	WHITE TREATMENT RECORD	_____
DD 1348/1	RELEASE/RECEIPT DOCUMENT	_____	NM 6150/17	BROWN TREATMENT RECORD	_____
DD 1351/2	TRAVEL VOUCHER/SUBVOUCHER	_____	NM 6150/18	PINK TREATMENT RECORD	_____
DD 1351/2C	CONT SHEET TRAVEL VOUCHER	_____	NM 6150/19	RED TREATMENT RECORD	_____
DD 1351/3	STATEMENT ACTUAL EXPENCE	_____	NM 6150/20	PROBLEM SUMMARY LIST	_____
DD 1351/4	VOUCHER CLAIM DEPENDENT	_____	NM 6224/1	TUBERCULOSIS CONTACT	_____
DD 1555	DEPART DEFENSE PERSONNEL	_____	NM 6240/1	FOOD SERVICE SANITATION	_____
DD 1610	REQ FOR TDY TRAVEL	_____	NM 6300/5	SURGICAL OPERATION	_____
DD 1892	DRUG SCREEN URINALISYS	_____	NM 6300/11	INCIDENT REPORT	_____
DD 1970	MOTOR EQUIPMENT UTIL REC	_____	NM 6320/5	SERIOUS CONDITION/DEATH	_____
DD 2005	PRIVACY ACT STATEMENT	_____	NM 6320/9	ELIGIBILITY MEDICAL CARE	_____
DD 2161	REFERRAL CIV MED CARE	_____	NM 6320/11	NEWBORN IDENTIFICATION	_____
DD 2214	NOISE SURVEY	_____	NM 6320/16	RECOVERY ROOM RECORD	_____
DD 2215	REFERENCE AUDIOGRAM	_____	NM 6320/19	MORNING REPORT SICK/INJUR	_____
DD 2216	HEARING DATA	_____	NM 6320/25	FAMILY ADVOCACY	_____
DD 2221	AUTH RELEASE INFO/RECORDS	_____	NM 6320/30	DISENGAGEMENT CIV MED CARE	_____
DD 2270	DEERS ENROLMENT FOLLOWUP	_____	NM 6500/1	HEAT/COLD INJURY	_____
DD 2520	CHAMPUS	_____	NM 6550/1	NURSING CARE PLAN 1	_____
GN 7400/1	TIMEKEEPING SIGNATURE	_____	NM 6550/2	WARD REPORT	_____
MP 2/1	MEPR II INDIVIDUAL	_____	NM 6550/3	24HR NURSING SERVICE	_____
MP 2/S	MEPR II SUMMARY	_____	NM 6550/8	MEDICATION ADMINISTRATION	_____
NC 2035	SUMMARY OF ACCTNG DATA	_____	NM 6550/12	PATIENT PROFILE	_____
NC 2160	PUBLIC VOUCHER	_____	NM 6550/13	PATIENT CARE PLAN	_____
NC 2275	WORK SERVICE	_____	NM 6550/14	24HR DRUG INVENTORY	_____
NC 2277	VOUCHER FOR DISBURSMENT	_____	NM 6700/4	MED/DEN MAINT WORK ORDER	_____
NC 2282	OVERTIME COMPENSATORY	_____	NM 6710/1	NARCOTIC/CONTROLLED DRUGS	_____
NC 3065	LEAVE REQUEST	_____	NM 6710/4	24HR DRUG INVENTORY	_____
NF 11014/20	WORK REQUEST	_____	NM 6710/5	PERPETUAL INV. OF DRUGS	_____
NH 1320/10	TAD APPROVAL	_____	NM 6710/6	POLY PRESCRIPTION	_____
NH 6320/7	REQ FOR ELECTIVE SURG.	_____	NM 7520/1	COL. AGENT/ACCOUNTABILITY	_____

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NH29P10460/2A (1-90)REV

Enclosure (4)

NAVHOSP29PALMSINST 5213.1C
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NMC 1015/4	PERSONAL EFFECTS INV	_____	SF 513	CONSULTATION SHEET	_____
NP 1070/6	D.O. PERFORMANCE RECORDS	_____	SF 515	TISSUE EXAMINATION	_____
NP 1070/879	MICRFICHE REC.REQ.FORM	_____	SF 516	OPERATING REPORT	_____
NP 1301/1	PERSONAL INFORMATION CARD	_____	SF 517	ANESTHESIA	_____
NP 1306/7	PERSONAL ACTION REQUEST	_____	SF 518	BLOOD TRANSFUSION	_____
NP 1306/63	ENLISTED DUTY PREFERENCES	_____	SF 519	RADIOGRAPHICS REPORT	_____
NP 1320/16	TRAVEL ORDERS	_____	SF 519/A	X-RAY REPORT	_____
NP 1336/3	SPECIAL REQUEST CHIT	_____	SF 520	ELECTROCARDIOGRAPH	_____
NP 1611/1	FITNESS REPORT OFFICERS	_____	SF 522	REQ. FOR ANESTHESIA ADMIN	_____
NP 1611/1W	APPRAISAL WORKSHEET	_____	SF 523	AUTOPSY	_____
NP 1616/21	ENLISTED REPORT	_____	SF 533	PRENATAL/PREGNANCY	_____
NP 1616/24	EVALUATION REPORT	_____	SF 534	LABOR	_____
NP 1626/7	REPORT OF OFFENSE	_____	SF 535	CLINICAL RECORD - NEWBORN	_____
NP 5000/64	RECORDS TRANSMITTAL	_____	SF 536	PEDIATRIC NURSING NOTES	_____
NRC 1100/13	INTERVIEWERS APPRAISAL	_____	SF 537	GRAPHIC CHART	_____
NRC 1100/13	INTERVIEWERS APPRAISAL	_____	SF 538	PEDIATRIC	_____
NRMC 6402/1	CRAINIOTOMY CHECK SHEET	_____	SF 539	ABBREVIATED MED. RECORD	_____
NS 1250/1	REQUISITION CHIT (XIA,WT)	_____	SF 545	LAB DISPLAY SHEET	_____
ON 1530/3	ENLISTED COMMISSION PROG.	_____	SF 546	CHEMISTRY I	_____
ON 5112/1A	TEMPORARY STATUS/LOCATION	_____	SF 547	CHEMISTRY II	_____
ON 5211/9	DISCLOSURE RECORD	_____	SF 548	CHEMISTRY III	_____
ON 5216/144A	LARGE MEMORANDUM	_____	SF 549	HEMATOLOGY	_____
ON 5216/144B	SMALL MEMORANDUM	_____	SF 550	URINALYSIS	_____
ON 5216/145	NAVAL SPEEDLETTER	_____	SF 551	SEROLOGY	_____
ON 5216/158	ROUTINE REPLY/ENDORS/TRAN	_____	SF 552	PARASITOLOGY	_____
ON 5510/21	SECURITY CONTAINER	_____	SF 553	MICROBIOLOGY I	_____
ON 5511/12	CLASSIFIED MATERIAL	_____	SF 554	MICROBIOLOGY II	_____
ON 5511/13	RECORD OF DISCLOSURE	_____	SF 555	SPINAL FLUID	_____
OF 8	POSITION DESCRIPTION	_____	SF 556	IMMUNOCHEMATOLOGY	_____
OF 41	ROUTING/TRANSMITTAL SLIP	_____	SF 557	MISCELLANEOUS	_____
OF 336	CONTINUATION SHEET	_____	SF 558	EMERGENCY TREATMENT CARE	_____
PHS 731	VACCINATION RECORD	_____	SF 600	RECORD OF MEDICAL CARE	_____
SF 30	AMMEND/MOD OF CONTRACT	_____	SF 601	IMMUNIZATION RECORD	_____
SF 52	PERSONNEL ACTION	_____	SF 602	SYPHILIS RECORD	_____
SF 63	MEMO OF CALL	_____	SF 701	SECURITY CHECKLIST	_____
SF 71	APPLICATION CIV LEAVE	_____	SF 1164	REIMBURSEMENT CLAIM FORM	_____
SF 93	MEDICAL HISTORY	_____			
SF 135	RECORD TRANSMITTAL	_____			
SF 220	STAT. FINANCIAL CONDITION	_____	FILLED BY: _____		
SF 364	REPORT OF DISCREPANCY	_____	DATE: _____		
SF 380	REPORT OF PROCESSING	_____			
SF 502	CLINICAL RESUME	_____			
SF 504	CLINICAL RECORD	_____			
SF 505	HISTORY PART 2/3	_____	RECEIVED BY: _____		
SF 506	PHYSICAL EXAMINATION	_____	DATE: _____		
SF 507	CONTINUE/CLINICAL RECORD	_____			
SF 508	DOCTORS ORDERS	_____			
SF 509	PROGRESS NOTES	_____			
SF 510	NURSING NOTES	_____			
SF 511	VITAL SIGNS RECORD	_____			
SF 512	PLOTTING CHART	_____			
SF 512/A	BLOOD PRESS.PLOT CHART	_____			

Enclosure (4)